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HOUSE BILL 182

48TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2008

INTRODUCED BY

Luciano "Lucky" Varela

FOR THE WELFARE REFORM OVERSIGHT COMMITTEE

AN ACT

RELATING TO MEDICAID; REQUIRING THE HUMAN SERVICES DEPARTMENT
TO SIMPLIFY THE MEDICAID ELIGIBILITY AND ENROLLMENT PROCESS;
REQUIRING HUMAN REVIEW OF MEDICAID ELIGIBILITY; MAKING AN
APPROPRIATION.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. Section 27-2B-15 NMSA 1978 (being Laws 1998,
Chapter 8, Section 15 and Laws 1998, Chapter 9, Section 15, as
amended by Laws 2001, Chapter 295, Section 8 and by Laws 2001,
Chapter 326, Section 8) is amended to read:

"27-2B-15. MEDICAID ELIGIBILITY--HUMAN REVIEW OF MEDICAID
ELIGIBILITY STATUS REQUIRED.--

A. The following are eligible for medicaid:

(1) a participant who is in transition to
self-sufficiency due to employment or child support;

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1 (2) a pregnant woman who meets the income and
2 resource requirements for New Mexico's aid to families with
3 dependent children as they existed on July 16, 1996;

4 (3) a member of a benefit group who is
5 eighteen years of age or younger if the benefit group's income
6 is below one hundred eighty-five percent of the federal poverty
7 guidelines;

8 (4) a pregnant woman whose income is below one
9 hundred eighty-five percent of the federal poverty guidelines;

10 (5) participants receiving federal
11 supplemental security income;

12 (6) an aged, blind or disabled person in an
13 institution who meets all the supplemental security income
14 standards except for income;

15 (7) a person who meets all standards for
16 institutional care but is cared for at home and meets
17 eligibility standards for medicaid;

18 (8) a qualified medicare beneficiary,
19 qualified disabled working person or specified low-income
20 medicare beneficiary; and

21 (9) a foster child in the custody of the state
22 or of an Indian pueblo, tribe or nation who meets eligibility
23 standards for medicare.

24 B. Effective October 1, 2001, for the medicaid
25 category designated "JUL medicaid" by the department, the

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1 income eligibility criteria shall be the same as the income
2 eligibility criteria set forth in the New Mexico Works Act.

3 C. The department shall develop, implement and
4 maintain a simplified eligibility and enrollment process that:

5 (1) provides wide distribution of information
6 to potential recipients of benefits available through Title 19
7 or Title 21 of the federal Social Security Act or other public
8 health coverage programs administered by or through the state;

9 (2) uses health care practitioners and
10 facilities, community and social service organizations,
11 electronic and print media and other information dissemination
12 systems to make eligibility and enrollment process information
13 available; and

14 (3) ensures that an applicant facing denial
15 of benefits for having an incomplete application shall, prior
16 to being denied, be notified in writing which additional
17 documents are missing and be given at least ten days to provide
18 that documentation.

19 D. The department shall, to the extent permitted by
20 federal law, annually recertify eligibility of participants and
21 shall not deny eligibility unless a department employee:

22 (1) determines, after review of the
23 participant's file, that the participant is no longer
24 financially eligible for benefits; provided that the review
25 includes coordination of information from other programs,

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1 including child support, cash assistance, food stamps and low-
2 income home energy assistance;

3 (2) determines that a participant has received
4 notification of requirements for recertification and failed to
5 meet the requirements within thirty days of notification;
6 provided that the notice is considered received when:

7 (a) a participant signs the notice;

8 (b) a medicaid provider certifies that
9 the provider notified the participant in person; or

10 (c) a department employee certifies that
11 the participant was notified via telephone in a language the
12 participant understands; or

13 (3) determines that all contact information
14 for the participant is no longer correct and that the
15 participant cannot be reached through the use of reverse postal
16 look-up, re-mailing to the same address or to a forwarding
17 address or by checking other applicable state data systems for
18 a more recent address.

19 E. When a participant's enrollment is terminated, a
20 complete record of the reasons for termination, including
21 documentation, shall be retained in the recipient's file for no
22 less than three years.

23 F. Nothing in the medicaid recertification process
24 shall require the state to continue to provide medicaid or
25 other public benefits for a participant if the participant is

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1 no longer eligible for such benefits."

2 Section 2. APPROPRIATION.--Two hundred thousand dollars
3 (\$200,000) is appropriated from the general fund to the human
4 services department for expenditure in fiscal year 2009 and
5 subsequent fiscal years to develop a simplified eligibility and
6 enrollment process pursuant to Section 27-2B-15 NMSA 1978 and
7 to hire the staff necessary to implement the process. Any
8 unexpended or unencumbered balance remaining at the end of a
9 fiscal year shall not revert to the general fund.

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